

POLITICAL COMMITTEE'S REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

DATE STAMP

Name of Committee Joey Fillingane  
Address 8 Westbrook Drive County Lamar  
Telephone 601 271 2070 (Fax) 601 268 6771  
Treasurer Joey Fillingane Email Address jpey101@netdoor.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>7700.00 + \$ 6240.55</u>	<u>\$ 13940.55</u>	<u>\$ 13940.55</u>
Total amount of disbursements \$	<u>1360.00 + \$ 1465.00</u>	<u>\$ 2825.00</u>	<u>\$ 2825.00</u>
Total amount of cash on hand		<u>\$ 20,291.31</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Joey Fillingane  
(Signature of Officer)

1/27/09  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 28 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee Joey FillinganeReporting period 1/1/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name <u>Cellular South</u>	Date (Mo., Day, Year) <u>12/30/08</u>	Amount of each disbursement this period \$ <u>13600.00/100</u>
Mailing Address <u>4930 Hardy St. Hwy. 98 W</u>	<u>12/30/08</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>13600.00/100</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Name of Candidate or Committee Joey FillinganeReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon Mobile Corp.</u>	<u>3/17/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 2519</u>	___/___/___	\$
City, State, Zip Code <u>Houston, TX 77252-2519</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Corp.</u>	<u>7/24/08</u>	\$ <u>500.00</u>
Mailing Address <u>100 Bayer Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Pittsburgh, PA 15205-9741</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca</u>	<u>7/24/08</u>	\$ <u>500.00</u>
Mailing Address <u>1800 Concord Pike</u>	___/___/___	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wyeth Good Govt. Fund</u>	<u>8/11/08</u>	\$ <u>400.00</u>
Mailing Address <u>Five Grimalda Farms</u>	___/___/___	\$
City, State, Zip Code <u>Madison, NJ 07940</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Jay FillinganeReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee PAC</u>	<u>10/21/08</u>	\$ <u>500.00</u>
Mailing Address <u>100 Abbott Park Road</u>	___/___/___	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MD Eye Political PAC</u>	<u>10/28/08</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 217</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assoc.</u>	<u>10/28/08</u>	\$ <u>500.00</u>
Mailing Address <u>575 7th St., NW, Ste. 300</u>	___/___/___	\$
City, State, Zip Code <u>Washington, DC 20004</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer, Inc.</u>	<u>10/28/08</u>	\$ <u>500.00</u>
Mailing Address <u>235 E. 42nd St.</u>	___/___/___	\$
City, State, Zip Code <u>New York, NY 10017-5755</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



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A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch, Inc.</u>	<u>10/28/08</u>	\$ <u>500.00</u>
Mailing Address <u>One Busch Place</u>	___/___/___	\$
City, State, Zip Code <u>St. Louis, MO 63118-1852</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corp.</u>	<u>11/25/08</u>	\$ <u>300.00</u>
Mailing Address <u>PO Box 9034</u>	___/___/___	\$
City, State, Zip Code <u>Concord, CA 94524</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Finance Management LLC</u>	<u>12/5/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 61270</u>	___/___/___	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc. for Home Care</u>	<u>12/5/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1468</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

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A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly and Co.</u>		<u>12/29/08</u>	\$ <u>250.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code <u>Indianapolis, IN 46285</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>12/29/08</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church St.</u>		___/___/___	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon Mobile Corp.</u>		<u>12/30/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 2519</u>		___/___/___	\$
City, State, Zip Code <u>Houston, TX 77252-2519</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>		<u>12/30/08</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital St., Landmark Cntr. Rm 203</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>